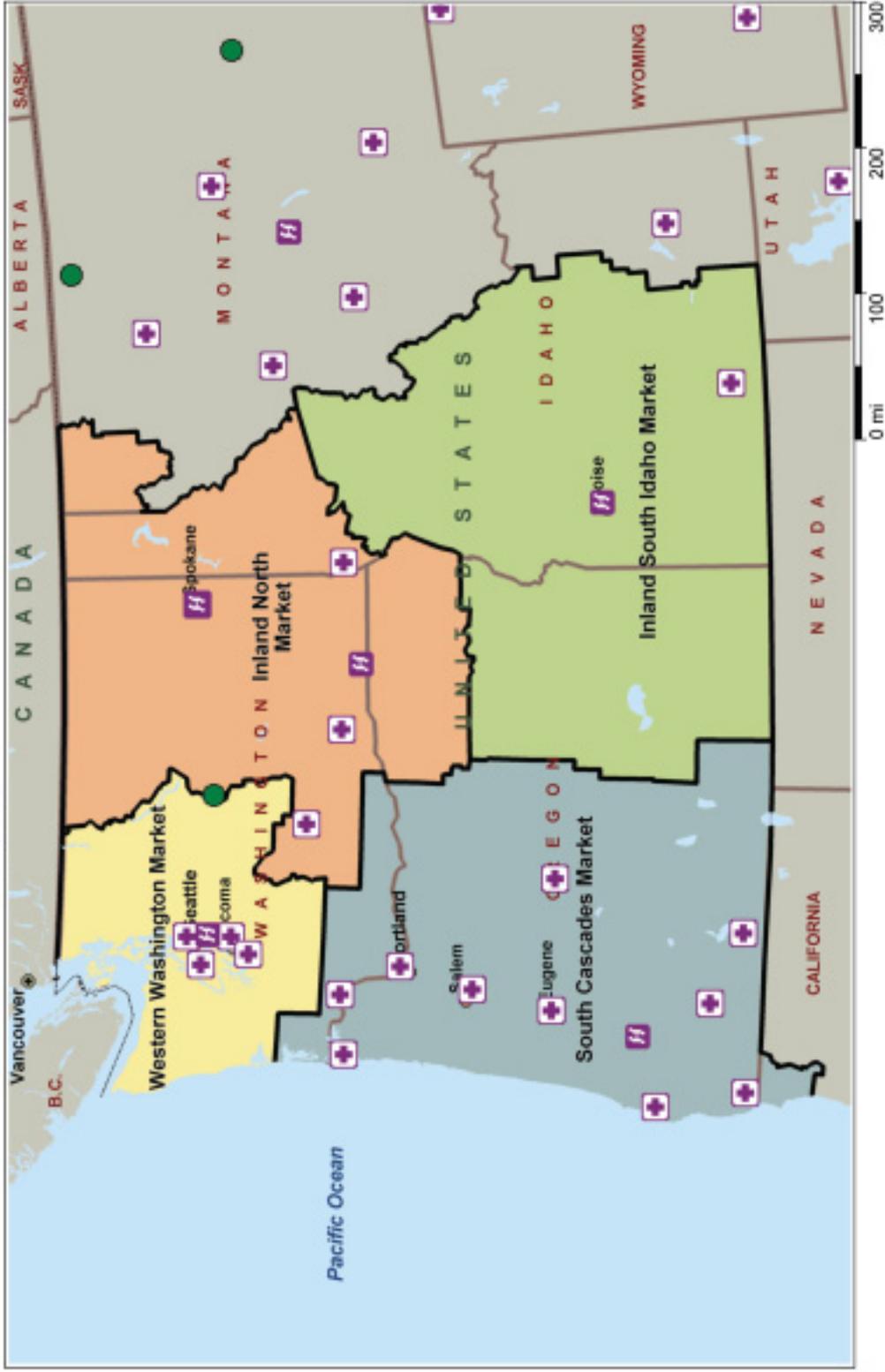


VISN 20



- Pushpins**
- VA Clinic
- VA Hospital
- Planned New CBOC
- Markets**
- Alaska Market
- Inland North Market
- Inland South Idaho Market
- South Cascades Market
- Western Washington Market

© Copyright 1988-2003 Microsoft Corp. and/or its suppliers. All rights reserved. <http://www.microsoft.com/mappoint>
 © Copyright 2002 by Geographic Data Technology, Inc. All rights reserved.
 © 2002 Navigation Technologies. All rights reserved. This data includes information taken with permission from Canadian authorities
 © 1991-2002 Government of Canada (Statistics Canada and/or Geomatics Canada), all rights reserved.

VISN 20



- Pushpins**
- VA Clinic
 - VA Hospital
 - Planned New CBOC
- Markets**
- Alaska Market
 - Inland North Market
 - Inland South Idaho Market
 - South Cascades Market
 - Western Washington Market

© Copyright 1988-2003 Microsoft Corp. and/or its suppliers. All rights reserved. <http://www.microsoft.com/mappoint>
 © Copyright 2002 by Geographic Data Technology, Inc. All rights reserved.
 © 2002 Navigation Technologies. All rights reserved. This data includes information taken with permission from Canadian authorities
 © 1991-2002 Government of Canada (Statistics Canada and/or Geomatics Canada), all rights reserved.

CARES DECISIONS FOR VISN 20

CARES Commission Recommendation

I Realignment

Vancouver VAMC

- 1 The Commission does not concur with the DNCP proposal to vacate the Vancouver campus. The Commission recommends maintaining the current mission at the Vancouver facility, while reducing the campus footprint.
- 2 The Commission recommends that VA explore options to expand Vancouver's function, particularly with regard to relocating services from the Portland VA Medical Center (VAMC).

Secretary's Decision

I Realignment

Vancouver VAMC

Together, the Portland VAMC and its Vancouver campus provide the full continuum of care to veterans in the Portland/Vancouver metropolitan area. In its review of the DNCP, the Commission found that the missions of the two facilities were complimentary and that realignment from Vancouver to Portland would not be possible given the current space deficits at the Portland VAMC. Based upon these findings, both the Portland and Vancouver VAMCs will retain their missions.

While the Secretary will not consider consolidation of the Vancouver campus at this time, VA will pursue opportunities to reduce the footprint of the Vancouver campus. To make sure that VA makes most effective use of existing buildings and land, VA will develop a Master Plan for the Vancouver campus. The Master Plan will include options to expand Vancouver's function by relocating services from the Portland VAMC, which is landlocked and congested.

The Master Plan will propose an efficient, cost-effective, and appropriately sized infrastructure design that will reduce vacant and underused space on the campus. It also will consider enhanced use lease opportunities for almost 20 acres of land. VA will ensure that any plans for alternate use or disposal of VA property serve to enhance the Department's mission.

VA is committed to minimizing any impact on patients, employees, and the community as it manages this planning process and will continue to work closely with its stakeholders to ensure that development and implementation of the Master Plan is managed effectively.

VA will complete the Master Plan by the end of 2004 (*Reference – Excess VA Property: Crosscutting*).

CARES Commission Recommendation

II Small Facility and Campus Realignment

White City Southern

Oregon Rehabilitation Center Clinic (SORCC)

- 1** The Commission does not concur with the DNCP proposal to transfer the domiciliary and Compensated Work Therapy (CWT) programs from White City to other VAMCs. The Commission agrees with the VISN-recommended alternative that the White City SORCC maintain its current mission.
- 2** The Commission concurs with the DNCP proposal that White City should retain its outpatient services.

Secretary's Decision

II Small Facility and Campus Realignment

White City Southern

Oregon Rehabilitation Center Clinic (SORCC)

The CARES Commission found that the White City SORCC is a unique regional substance abuse treatment resource, serving veterans who have not been successfully rehabilitated in other domiciliary programs in a clinical

setting that is innovative and difficult to duplicate. Based upon these findings, VA will maintain all current services at the White City SORCC.

While the Secretary will not consider transfer of services at White City at this time, VA will pursue opportunities to reduce the footprint of the campus. To ensure that VA makes the most effective use of existing buildings and land, VA will develop a Master Plan for the White City campus. The plan will propose an efficient, cost-effective, and appropriately sized infrastructure design that will reduce vacant and underused space on the campus. It also will consider enhanced use lease opportunities. VA will also ensure that any plan for alternate use or disposal of VA property serves to enhance the Department's mission.

VA is committed to minimizing any impact on patients, employees, and the community as it manages this planning process and will continue to work closely with its stakeholders to ensure that development and implementation of the Master Plan is managed effectively.

VA will complete the Master Plan by the end of 2004 (*Reference – Excess VA Property: Crosscutting*).

CARES Commission Recommendation

III Small Facility and Campus Realignment

Walla Walla VAMC

- 1** The Commission concurs with the DNCP proposal to close the Walla Walla VAMC and, where appropriate, contract for acute inpatient medicine and psychiatry care and nursing home care in the Walla Walla geographic area.
- 2** The Commission concurs with the DNCP proposal to maintain outpatient services and recommends that outpatient care be moved off the Walla Walla VAMC campus after inpatient services have been relocated.

Secretary's Decision

III Small Facility and Campus Realignment

Walla Walla VAMC

The Walla Walla campus includes 88 acres of land and 28 buildings from the Fort Walla Walla period of 1858 to 1947. Fifteen of the buildings are listed on the historic register and six remain in use for patient care and support. The Walla Walla VAMC currently provides inpatient medicine, psychiatric, and nursing home care services as well as outpatient care. The buildings on the campus are aging, unsuitable for patient care, and require significant renovations to correct deficiencies, including the need for seismic upgrades and lead-based paint removal.

After considering the Commission's recommendations, the Secretary determined that further study is required. Accordingly, the Secretary will commission a comprehensive study to determine how to improve the environment of care in Walla Walla, while maximizing use of VA resources. The study will evaluate the demand for health care against the availability of care in the community and patient safety concerns as well as consider the limitations and substantial costs of maintaining an aging and expensive medical center campus for a current total inpatient and nursing home average daily census of 53. The study will examine multiple options and will include the potential for partnership with community and private sector organizations to provide nursing home and psychiatric inpatient care to veterans in the community. VA will consider options for moving into a more modern and efficient infrastructure designed to provide quality patient care.

The study will take into account the fact that the existing campus is much larger than needed to provide VA medical care and consumes scarce resources that could be better applied to meeting veterans' needs. The study will identify the appropriate physical resources needed for VA's mission and identify options to divest or lease excess property to generate revenues that could be applied to VA's health care mission.

VA will ensure veterans have continued access to quality care as it conducts the study and implements the study's recommendations. Particular sensitivity will be devoted to the clinical and psychosocial needs of nursing home and psychiatric inpatients. While VA conducts the study, the mission of the Walla Walla campus will remain unchanged.

In considering alternative uses for the Walla Walla campus, VA will ensure that any decision on disposal or reuse of excess VA property serves to enhance the Department's mission. As VA moves forward with this study, it is committed to minimizing any impact on patients, employees, and the community and will work closely with its stakeholders to ensure that this study, and its ensuing implementation, are managed effectively.

The study will be submitted to the Secretary no later than January 1, 2005 (*Reference – Contracting for Care, Excess VA Property: Crosscutting*).

CARES Commission Recommendation

IV Small Facility ***Roseburg VAMC***

The Commission concurs with the DNCP proposal on converting surgical beds to 24-hour surgical observation beds at Roseburg.

Secretary's Decision

IV Small Facility ***Roseburg VAMC***

VA will convert surgical beds to 24-hour surgical observation beds at the Roseburg VAMC.

CARES Commission Recommendation

V Inpatient Care

The Commission concurs with the DNCP proposal to move 15 inpatient beds from American Lake to Madigan Army Medical Center.

Secretary's Decision

V Inpatient Care

VA will transfer 15 inpatient beds from the American Lake VAMC to the Madigan Army Medical Center, freeing up 8,500 square feet of space at American Lake to meet primary care demand (*Reference – VA/DoD Sharing: Crosscutting*).

CARES Commission Recommendation

VI Outpatient Care

- 1 The Commission concurs with the DNCP proposal to add a new CBOC in the Inland North market; to increase primary care services in three other markets through VA/DoD joint ventures, new construction, and converting in-house space; to meet increased demand for mental health services in the Inland North market in-house and through contracting; and to increase outpatient specialty care services in all five markets through two new CBOCs, new construction, in-house expansion, and contracting.
- 2 The Commission recommends that the Secretary and USH utilize their authority to establish new CBOCs within the VHA medical appropriations without regard to the three priority groups for CBOCs outlined in the DNCP.

Secretary’s Decision

VI Outpatient Care

VA will meet increased demand for outpatient services through VA/DoD joint ventures, expansion, renovation, new construction, and use of existing authorities and policies to contract for care where necessary.

The VISN also will develop new CBOCs through the National CBOC Approval Process. VISN 20 has one new CBOC targeted for priority implementation:

Parent Facility	Planned New Facility Name	State
Spokane VAMC	Central Washington	WA

This new CBOC will help the VISN, which currently is below access standard in its Inland North market, meet national access standards (*Reference – Contracting for Care, Community-Based Outpatient Clinics: Crosscutting*).

CARES Commission Recommendation

VII VA/DoD Collaboration

The Commission concurs with the DNCP proposal on DoD initiatives and recommends the Elmendorf Air Force Base proposal be expedited due to the expiration of the lease space currently occupied by the Alaska VA Health Care System (HCS) in FY 2007.

Secretary's Decision

VII VA/DoD Collaboration

VA will expedite the joint venture opportunity with Elmendorf Air Force Base to ensure that an agreement is in place before the current lease for the Alaska VA HCS expires in 2007. VA will continue to pursue additional VA/DoD sharing opportunities across the VISN to include ongoing collaborations with Bassett ACH as well as Everett and Bremerton Naval Hospitals (*Reference – VA/DoD Sharing: Crosscutting*).

CARES Commission Recommendation

VIII Infrastructure and Safety

The Commission concurs with the DNCP proposal for the seismic/life safety projects in VISN 20. The Commission recommends that patient safety be the highest priority for VA CARES funding. VA should seek the appropriation of necessary funding to correct documented seismic/life safety deficiencies as soon as possible.

Secretary's Decision

VIII Infrastructure and Safety

VA will improve patient and employee safety by correcting existing seismic and life safety deficiencies in Roseburg, White City, American Lake, Seattle and Portland (*Reference – Infrastructure and Safety: Crosscutting*).

Secretary's Decision

IX OneVA Collaborations

VA will pursue a land transfer from VHA to NCA to expand the Roseburg National Cemetery. VA will develop a plan for this transfer by September 2004 (*Reference – OneVA Collaborations: Crosscutting*).